



IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition

October 2003



Autumn in the Registry

With the arrival of fall comes a seasonal shift in activities. Registrars throughout the commonwealth, recharged by the annual Fall Workshop, return to their home registries, ready to “plow through” the remaining year-2003 cases. Meanwhile, the central registry begins the task of cleaning up data prior to the annual SEER submission. It is a time of reflection and renewal for us all.

Following the Fall Workshop, QA Manager Reita Pardee provided the following comments:

I would like to thank all of you who attended the Fall Workshop held in Louisville in September. Attendance was great at 89 participants. In reviewing the evaluation forms, some of you may not have known that the meeting room on Thursday was HOT due to the air conditioning system malfunction. The Marriott East sends its apology for this untimely situation. The suggestion that Jan made to hand out battery operated fans next year was a good one, but I hope we do not need them. I take very seriously all of your suggestions and appreciate you taking the time to submit them. The topics and speakers received overwhelmingly high evaluations. If we could just get the speakers to submit their presentations in advance, it would be great. For those of you who conduct

tumor boards, I’m sure you understand this is not an easy request. I know Thursday was a very long day, but we had so many good speakers and topics, and I knew you would want to know about the plans for CPDMS.net. For those of you who wished handouts, your regional coordinator will have copies. The question “Would you like a planned evening activity?” received a ‘yes’ response on 33% of the evaluations. The meeting next year will be in September and will be held in Lexington. The site is undetermined at this moment. It is always our goal to present current topics that enhance our cancer registry knowledge.

From the excellent speakers, through the mystery/comedy play following dinner, to the beautifully wrapped door prizes won by so many attendees, this year’s workshop was “a winner”. Congratulations to all for making our Fall-2003 meeting a success....

NCRA Program Recognition

The 17th Annual Advanced Cancer Registrars’ Workshop was pre-approved by NCRA for a total of **9.5 CE hours**. Please note the Event Number assigned by NCRA: **2003-125** ~

Is Your Registry “On Time”?

Timeliness in cancer case reporting is one way to measure compliance with state law. Hospitals are required to have cases entered into CPDMS within 6 months of a patients’ initial cancer diagnosis or therapy visit. “Case reporting timeliness” is one of the QA reports available for each registry to use in tracking this component of registry work. As of mid-October, the timeliness target is 25%. Registries below this percentage are out of compliance. ~

PEOPLE NEWS



New Hire:	Kim McCann	Samaritan Hospital, Lexington KY
Promotion:	Kim Harrison	promoted to another department at Kings' Daughters Medical Center, Ashland KY
New CTR:	Kim Ratliff	UK Hospital, Lexington KY
Transferring:	Rhonda Paul, CTR	from Norton Audubon Hospital to Norton Hospital, Louisville KY

Notice of Change in Facility Name

OMHS is now known as Owensboro Medical Health System. Although the initials remain the same, the facility will no longer be called Owensboro Mercy Health System. ~

ACoS Cancer Program Approvals

Hardin Memorial Hospital received full 3-year approval of its cancer program following an ACoS survey held on May 23, 2003. Registrars Tammie Rogers and Sherry Gabehart are to be commended. ~

GOLDEN BUG AWARD

Three "bugs" are being awarded in the current edition of the newsletter. Barbara O'Hara, CTR (Norton Audubon Hospital) wins for finding missing N values. Larry Sutton, CTR (Central Baptist Hospital), Leisa Hopkins (Methodist Hospital of KY), and Marie Dunbar (Jewish Hospital) win for reporting that FORDS surgery codes were disappearing during editing of surgery therapies. Natascha Lawson (Norton Hospital, Louisville) wins for discovering laterality could not be coded for spindle cell sarcoma of the lower limb. The IT staff at KCR sincerely appreciates your conscientious reporting of potential bugs in software updates. ~



NEW DRUG INFORMATION FROM THE FDA...

Iressa (gefitinib, ZD1839), a new anticancer drug, has been tested in the setting of advanced or recurrent non-small cell lung cancer. As third line therapy, this drug reduced tumor volume in approximately 10% of test subjects. It is taken once a day as a tablet. According to the FDA website (www.fda.gov/), Iressa received "accelerated approval" on May 5, 2003. Previously, registrars had

been instructed to code Iressa as an unproven agent, due to its clinical trial status. With this recent FDA approval, Iressa can now be coded as a single agent chemotherapy drug.

Velcade (bortezomib) is a newly-approved (5/16/03) chemotherapy drug used in third line therapy for multiple myeloma. This drug also received “accelerated approval” by the FDA. Clinical trials showed tumor size decreased in 28-38% of multiple myeloma patients taking the drug. Velcade is administered by injection into the bloodstream. It is not a cure for multiple myeloma. Code this as single-agent chemotherapy. ~

CTR Test News

A recent visit to NCRA’s redesigned website (www.ncra-usa.org) provided several pieces of newsworthy information regarding the CTR exam. Registrars who sat for the September 2003 test will be notified as to whether they passed or failed by October 25. A passing score is 70%. Individual scores per section, as well as the total score, will be reported.

Beginning in 2004, the certification exam will cover both the FORDS and AJCC 6th Edition manuals. The 2004 Exam Handbook for Candidates & Application will be available in November 2003. January 31, 2004 is the deadline for applying to take the next exam, which is being given during a 2-week testing period on a daily basis. The exam will be given March 13-27, 2004 at any of LaserGrade Computer Testing Incorporated’s test sites. Additional details may be found on the NCRA website. ~

Calendar of Events

November 12-14, 2003 – Abstractor’s Training, Lexington

**November 10-14, 2003 – Principles & Practice of
Cancer Registration, Surveillance &
Control, Emory University, Atlanta, GA**

November 20, 2003 – Operator’s Training, Lexington

**November 17-21, 2003 – Cancer Case Abstracting,
Staging & Coding, Emory University, Atlanta, GA**

**December 8-10, 2003 – Advanced Cancer Registry
Training Program, Emory University, Atlanta, GA**

January 31, 2004 – CTR Application Deadline

March 13-27, 2004 – CTR Exam (2 week period)

Head & Neck Cancer Training Module Now Available On-Line

Steven Roffers, ScD, PA, CTR recently announced the arrival of another new training module on the SEER website. The Head & Neck Cancer module is viewable 24/7 at www.training.seer.cancer.gov. Visit the site to learn about anatomy, coding, staging, and abstracting of these sometimes-tricky cancers, all free of charge! Hands-on exercises are available at the end of the module. ~

Abstractor's & Operator's Training Scheduled...

November 12-14 has been set-aside for the next Abstractor's Training Class at KCR. Anyone new to the world of cancer registration, or anyone wishing to sit through a "refresher course" in CPDMS, is invited to call the central office and make a reservation to attend. The three-day whirlwind class will cover casefinding, coding, staging, therapies, and follow-up. Class will be held in the B100 classroom at 2365 Harrodsburg Road in Lexington, which is the building behind the KCR office building.



Thursday, November 20 is the date planned for Operator's Training Class. This training opportunity focuses on reports and data analysis using CPDMS. Operator's Training Class will be held in the KCR office, Suite A230, 2365 Harrodsburg Road, Lexington. Call Barbara Klein at (859) 219-0773 extension 281 to make your reservation for either class. ~

Answers to Our Readers' Frequently Asked Questions...

Question: Which Summary Staging System should be used for a cancer diagnosed in 2000?

Answer: **SS 1977** is used on data from **1977 through year-2000**.
SS 2000 is used on data from **year-2001 forward**.

Question: If a stereotactic breast biopsy removed all tumor in 8 of 20 cores, and the tumor ranged from 1-5 mm foci, how would you code tumor size?

Answer: 999 (SEER EOD, pg 3, #8 – Do NOT add pieces or chips together to create a whole....)

Question: After my hospital has been audited by KCR, when must I abstract the missed cases?

Answer: These need to be abstracted and entered immediately after you have received your "possible missed cases" list. Missed cases from an audit are more than one year overdue. They must be abstracted before current cases.

Question: Will KCR give us (hospital registries) more help with followup?

Answer: KCR has submitted applications for followup linkages with CMS (formerly HCFA/ Medicare) and NDI (National Death Index). Both applications have been approved, and files have already been sent to CMS. Files are being sent to NDI this month.

Question: How do you figure out the number of live births when the only chart information is “G3 P3 102”?

Answer: Focus on the last three digits, the first of which is the number of stillbirths, the second is the number of abortions, and the third digit is the number of live births. In this example, your answer would be “2”.

SEER CODING QUESTIONS

The following questions were sent to the SEER Inquiry System (SINQ) by various SEER registries. Some may look similar to tough cases that you have encountered. These are presented as another means of support in continuing education....

Question 1: What extension code is used for lymphoma, primary in the brain, that is multifocal?

Answer: Since brain is the only site involved in this example, assign code 11 [Localized involvement of a single extralymphatic organ or site]. (SEER EOD-88 3rd Ed, pg 180; SINQ #20031087)

Question 2: What is the difference between “papillary carcinoma, NOS”, 8050, and “papillary adenocarcinoma, NOS”, 8260? They both refer to “papillary carcinoma” (see pg 75 of ICD-O-3).

Answer: Use 8050 for papillary carcinomas that have no further specification as to cell type (e.g., squamous, 8052; adeno, 8260; transitional, 8130, etc). If there is further specification, use the appropriate, more specific code. Use code 8260 [Papillary adenocarcinoma, NOS] for Papillary carcinoma of thyroid and Papillary renal cell carcinoma. Histology code 8050 [Papillary carcinoma, NOS] does not include papillary carcinoma of thyroid or papillary renal cell carcinoma. (ICD-O-3, pgs 75, 185; SINQ #20031097)

Question 3: Is a carcinoid of appendix with one periappendiceal LN positive for metastatic carcinoid tumor reportable? The patient had an appendectomy followed by a hemicolectomy. No residual carcinoid tumor was identified, but there was one more LN positive met metastatic carcinoid tumor.

Answer: Yes, this carcinoid is reportable. It is malignant by virtue of the lymph node metastasis. Code the behavior as /3. (ICD-O-3, SEER Program Code Manual, 3rd Ed, pg 6; SINQ #20031106)

Question 4: Left upper lobe lung tumor extends across fissure into left lower lobe. There is no extension or metastasis outside the lung. Is this EOD code 10? We are seeing this coded as a 77.

Answer: Yes, assign EOD extension code 10 [Tumor confined to one lung]. EOD extension code 10 applies to a single tumor within one lung, even one that crosses over a fissure into another lobe. EOD extension code 10 is not correct if the tumor extends to the pleura, or if there is atelectasis, obstructive pneumonitis or malignant pleural effusion. Code 77 is incorrect because that is a separate tumor nodule in a different lobe. (SEER EOD-88 3rd Ed, pg 90; SINQ #20031111)

Question 5: What is the correct topography code for melanoma of the nipple? The final pathology is malignant melanoma, Level IV, of the right nipple. One peripheral margin is involved with melanoma and the inferior margins are involved with nevus. Should this be C50.0 or C44.5?

Answer: Code to C44.5 [skin of trunk]. External melanoma is an epidermal malignancy, beginning in melanocytes in the basal layer of the epidermis. C50.0 excludes skin of breast. (ICD-O-3, AFIP Atlas of Tumor Path, pg 2; SINQ #20031130)



“Odds ‘n Ends”

An important observation regarding those “fake” social security numbers:

Because CPDMS records are dependent upon accurate SS numbers, a fake social is created only when there is no means of obtaining the authentic number. A HUGE problem is created when the abstractor keys in an “O” instead of a “zero” for the middle initial when that middle initial is unknown. Best advice: Do as Maxine tells us – READ THE MANUAL!! (Pg 40)

“**The Foundation For a Smokefree America**” is a non-profit organization headed by a grandson of the founder of one of the largest tobacco corporations in the United States. This foundation works toward preventing teens from starting to smoke, and empowering those who are already smoking to quit successfully. Tax-deductible gifts are gratefully accepted. Read more about this organization at www.Anti-smoking.org. ~

Did you know that the American Cancer Society not only sponsors the “**Great American Smokeout**”, but also the “**Great American Weigh In**”? Encouraging Americans to stop smoking and to take control of their weight are two important means by which the ACS can help us reduce our risk of developing cancer. ~

Enclosed please find a copy of our statewide e-mail list, which was updated by attendees at the 2003 Fall Workshop. Directing questions to KCR and/or other hospital registrars via e-mail may prove to be a time and cost-effective means of getting help! ~

Searching the web for death information

- , Some of our readers have found a website that provides SSDI searches at no cost. Visit www.rootsweb.com for this free service.
- , Obituaries from the Courier Journal (Louisville) are now posted online for 365 days. This feature was first made available on January 1, 2003. Go to www.courier-journal.com under News, Obituaries, and search by last name or date. ~

Cancer Awareness Months

October - Breast Cancer
November - Lung Cancer
January - Cervical Cancer